

On Our Own of Maryland: BH Integration Session

What has your personal experience been with Maryland's behavioral health system? What are the strengths of the current system? Weaknesses?

Providers

- The biggest problem with the current system is stigma. This doesn't just come from the outside world, but is obvious in primary care settings, nurses, physicians, etc. Primary care physicians who know about a behavioral health diagnosis sometimes claim physical complaints are psychosomatic, which is frustrating for consumers who want to be taken seriously. Consumers often feel as though they're being treated like a child. Many people expressed that the staff in these settings (the non-credentialed staff) were the most helpful.
- The security of information is a concern, especially with things like electronic health records. Again, because individuals are treated differently when doctors know about a behavioral health diagnosis. Doctors need to be trained in how to treat somatic symptoms of consumers with behavioral health diagnoses. In addition, electronic health records are only good if doctors read them. Some consumers stated that, even when doctors have their medical history, they have obviously not read through it.
- Providers need to be incented to provide better care, to listen to and respect their clients. Often times, providers ignore their clients because they think they know what is best for them. Consumers can complain about the side effects of a medication and they are ignored. Consumers will stop taking their medications and will not be as compliant in general if physicians aren't respecting them.
- There needs to be accountability and follow-up in the system. If a consumer who was advised to go off of their behavioral health medication ends up in the ER, their advising physician needs to know and be held accountable. Training providers is important, but this won't happen just through training; providers need to be incented.
- Exit surveys could keep physicians/therapists accountable, as well as other clinical staff. These surveys should ask about things like whether or not the clinician was respectful and whether or not the consumer felt stigmatized because of their behavioral health status.
- A system should be in place that allows consumers to rate providers. Perhaps Consumer Recommended Providers could be a link on a website. Because stigma is such a big issue, and providing good care is so difficult, the system needs to make it easier for consumers to know which providers will treat them well, and should reward providers for doing so.

Diagnosis and Treatment

- Behavioral health often displays as something else early on: a somatic issue, a criminal issue, etc. Getting the right diagnosis in the right setting will be critical moving forward.
- Children need to be talked to and assessed from a young age.
- Stigma can add to the illness. People need to be told that what they're feeling is real and it's okay, and they can move forward. People need to be treated like a person and not like an illness. A few stories were told about consumers who expressed a strong desire to avoid talking about certain subjects in therapy, but the therapist continued to probe. Therapists, just like other physicians, need to listen to and respect their clients. Many consumers have had traumatic experiences due to their illness and there is a chance of re-traumatizing them by not respecting their desires in therapy.

- Some doctors won't provide mental health treatment if a consumer is suffering from a substance use disorder. This is a serious flaw in the system. Mental health and substance use disorders interact (i.e. one often has to do with another) and the system needs to recognize and address this.
- Right now, the incentives are backward. The system pays for the most intense, expensive treatment.

Peer Support

- Peer support is *critical* in treating and managing behavioral health issues. There were many stories told of peer support that changed lives, and/or how the lack of support made connection and adherence to treatment difficult. People talked about professional services as adjunct to peer services. Most of behavioral health care has nothing to do with physicians, most of health care in general, actually. It is about wellness, peer support, and empowerment.
- Individuals should be assessed in a peer support setting.
- Peer organizations like OOO need to be protected. Maryland has one of the strongest consumer networks in the country and it needs to be maintained.

Consumer Empowerment

- Freedom of choice of providers is important. A part of what makes behavioral health treatment successful is peer support, in combination with personal relationship building. Another is consistency. An interruption in services can be detrimental to this population.
- Consumers need to be empowered. They need to know where to go and what they can do to help themselves. Consumers are eager to share the responsibility for their health. They need to be educated and there needs to be leadership coming from consumers. The treatment should be person- and wellness-centered, and should take place at the grass-roots level. People suggested incentives to be built into the system that focus on wellness. For instance, a gym membership for individuals who stop smoking.
- The system needs to be streamlined. Consumers expressed that taking care of themselves and navigating the system took too much time and energy, and likely stood in the way of treatment. Consumer engagement would save a lot of money and would get the person to the right treatment faster. Individuals need to be empowered because self-advocacy is crucial to recovery, and the effort should be tied to the success. Consumers need to be incented to eat well, exercise, and take care of themselves. The system should make this easier (again, with gym memberships or food discounts). There should be a few incentives to choose from so the incentive can be tailored to the individual.
- ACE works.